



SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS)  
**VOLUNTEER APPLICATION** Anne Rogers, Statewide Director

SHINE is a Program of the Florida Department of Elder Affairs

www.floridashine.org

PERSONAL INFORMATION	
First Name:	MI: Last Name:
Street Address:	City: Zip:
County:	Home Phone: ( ) -
Email Address:	Cell Phone: ( ) -
Emergency Contact:	Contact Phone: ( ) -
Is Florida your primary residence year round? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what months are you in the state?	Do you have transportation of your own? <input type="checkbox"/> YES <input type="checkbox"/> NO

**VOLUNTEER DEMOGRAPHICS** This information is not mandatory, however our funding sources require us to recruit and retain a diverse group of volunteers. Anonymous statistics are compiled with data provided.

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>DOB:</b> ___/___/___	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> African Amer. <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Native Amer. <input type="checkbox"/> Other
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VOLUNTEER EXPERIENCE*		
Organization	Title and Responsibilities	Dates

WORK EXPERIENCE*		
Company	Title and Responsibilities	Dates

POST-SECONDARY EDUCATION* (if applicable)	
Institutions, City/State and Dates for Each	Certificate, Degree or Area of Study

\*No specific volunteer, work, or educational experience is required to be a DOEA volunteer. Attach additional page, as needed.

**COMPUTER SKILLS**

Please list your current experience operating computers and any programs in which you are efficient.

**AVAILABILITY**

Which days and times are you available to volunteer?

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time of Day							

**LANGUAGE/FLUENCY**

Are you bi-lingual or multi-lingual? If yes, please list language and describe level of fluency (i.e. spoken and written, etc.)

**CONFLICT OF INTEREST\*\*** In order to provide unbiased health insurance counseling holding licenses such as insurance, annuity, etc. may be a conflict of interest. This will be examined on a case- by- case basis. If you currently hold any professional license, please list below.

**BACKGROUND CHECK** As this volunteer position requires working with vulnerable adults, you will be required to undergo a state and federal background clearance before actively participating with the program. Have you ever been arrested, charged or indicted for violation of any federal, state, county or municipal law, regulation or ordinance? If yes, give details.

**REFERENCES** Please list two (2) references you have known at least five (5) years (not family members).

Name	Address	Telephone

**PROGRAM REFERRAL** How did you hear about the SHINE program? Please check all that apply below.

TV     Radio     Event     Billboard     Newspaper     Brochure/Poster

Other

If other, please describe: \_\_\_\_\_

SHINE Volunteer (list below):

Website (list below):



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**SIGNATURES**

By affixing your signature below you certify that all information provided on this application is correct to the best of your knowledge. Furthermore, you acknowledge and understand that you must pass all required background clearances and mandatory SHINE trainings as a condition of volunteer services with the Florida Department of Elder Affairs, SHINE Program.

**Applicant Signature:**

**Date :** \_\_\_\_/\_\_\_\_/\_\_\_\_

**LOCAL SHINE PROGRAM Use Only**

<input type="checkbox"/> Initial Screening	<input type="checkbox"/> Interview Complete	<input type="checkbox"/> Application to DOEA	<input type="checkbox"/> Training Scheduled
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**Liaison Signature:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Area Coord Signature:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DOEA Use Only**

Received:	____ / ____ / ____	Approved:	____ / ____ / ____	Entered:	____ / ____ / ____
Volunteer Services Staff Signature:					